



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUN 22 2012

*Please read instructions before completing this form.

| Type of Statement | | | | | |
|--|---|--------------------------|-------------------------|--|--|
| <input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. | <input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. | | | | |
| <table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | Date Changes Took Effect | SBE-issued Committee ID | | |
| Date Changes Took Effect | SBE-issued Committee ID | | | | |
| | | | | | |
| Committee Information | | | | | |
| Committee Information | Name of Candidate Campaign Committee Chyre Friends of A Chyrell Bucksell | | | | |
| | Street Address/PO Box A R X and r i s | | | | |
| | Suite # VA 22313 | | | | |
| | City Chyrell Bucksell | | | | |
| | State 7032314096 | | | | |
| Email Address | Daytime Phone # | | | | |
| Campaign Website | | | | | |
| Candidate Information | | | | | |
| Candidate Information | Salutation Last Name First Name Middle Name Suffix Bucksell Chyrell D | | | | |
| | Residence Address 1567 B N V and a r n S t | | | | |
| | Apt # A l e x a n d r i a VA 22304 | | | | |
| | City A l e x e A n d r i a | | | | |
| | State 919489078 | | | | |
| | County or City of Residence Chyrell Bucksell@gmail.com | | | | |
| | Voter Identification # 7032314096 | | | | |
| Email Address | Daytime Phone # | | | | |
| <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | | |
| Election Information | | | | | |
| Election Information | Office Sought School Board B | | | | |
| | District (if one) Independent 2012 | | | | |
| | <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election | | | | |



Statement of Organization CANDIDATE COMMITTEE

| Treasurer Information | | | | |
|--|---|---|--|-------------|
| Treasurer Information | <div style="font-family: cursive; font-size: 1.2em;">Bucksell Chyrell D</div> | | | |
| | Salutation | Last Name | First Name | Middle Name |
| | <div style="font-family: cursive; font-size: 1.2em;">1567 B NVandermon St</div> | | | |
| | Residence Address | | Apt # | Suffix |
| | <div style="font-family: cursive; font-size: 1.2em;">Alexandria VA 22304</div> | | | |
| | City | State | Zip Code | |
| | <div style="font-family: cursive; font-size: 1.2em;">Alexandria VA 22304</div> | | | |
| County or City of Residence | | Voter Identification # | | |
| <div style="font-family: cursive; font-size: 1.2em;">Chyrell Bucksell@gmail.com</div> | | <div style="font-family: cursive; font-size: 1.2em;">703 231 9095</div> | | |
| Email Address | | Daytime Phone # | | |
| <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | |
| Campaign Depository | | | | |
| <div style="font-family: cursive; font-size: 1.2em;">Bank of America</div> | | | | |
| Name of Primary Financial Institution | | Name of Other Financial Institution (if applicable) | | |
| <div style="font-family: cursive; font-size: 1.2em;">Alexandria VA</div> | | | | |
| City | State | City | State | |
| Committee Activity | | | | |
| Dates of Activity | Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | | | |
| | Date first contribution accepted: | | <div style="font-family: cursive; font-size: 1.2em;">N/A</div> | |
| | Date first expenditure made: | | <div style="font-family: cursive; font-size: 1.2em;">N/A</div> | |
| | Date campaign depository designated: | | <div style="font-family: cursive; font-size: 1.2em;">N/A</div> | |
| | Date filing fee paid for party nomination: | | <div style="font-family: cursive; font-size: 1.2em;">N/A</div> | |
| | Date Statement of Qualification filed: | | <div style="font-family: cursive; font-size: 1.2em;">6/22/12</div> | |
| | Date treasurer appointed: | | <div style="font-family: cursive; font-size: 1.2em;">6/22/12</div> | |

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

| Filing Method | |
|------------------------------|--|
| Filing Method | <p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ Date</p> </div> </div> |
| Signatures | |
| Candidate's Signature | <p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Candidate's Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ Date</p> </div> </div> |
| Treasurer's Signature | <p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Treasurer's Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ Date</p> </div> </div> |